

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

DOCUMENT # P05000034595

1. Entity Name
ALFARO LIMO, INC.



01-17-2006 90285 001 ***150.00
01-17-2006 90285 002 *****8.75

Principal Place of Business
**4545 NW 7TH ST
SUITE 11
MIAMI, FL 33126**

Mailing Address
**1072 SW 135TH PL
MIAMI, FL 33184**

66000088

2. Principal Place of Business
4545 NW 7TH ST
Suite, Apt. #, etc.
SUITE 11

3. Mailing Address
1072 SW 135 PL
Suite, Apt. #, etc.

01072006 Chg-P CR2E034 (11/05)

City & State
MIAMI

City & State
MIAMI

4. FEI Number
55-0898269

Applied For
Not Applicable

Zip
33126

Country
FL

Zip
33184

Country
FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALFARO, GUSTAVO R
1072 SW 135TH PL
MIAMI, FL 33184**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ALFARO, GUSTAVO R
1072 SW 135TH PL
MIAMI, FL 33126** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ALFARO, GUSTAVO R
1072 SW 135TH PL
MIAMI, FL 33184** ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
**TRE
ALFARO, GUSTAVO R
1072 SW 135TH PL
MIAMI, FL 33184** ☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO R. ALFARO

1/10/06

Date

305 989 2619

Daytime Phone #